

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101538578

FILING DATE

APPLICANT'S

1010105

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5						
6						
7	1		1			
8	1		1			
9		3		3		
10	1		1			
11						
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24		1		1		
25		2		2		
26		2		2		
27		2		2		
28		4		4		
29		4		4		
30		4		4		
31	1		2			
32		2				
33			1			
34			2			
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48						
49						
50						
TOTAL IND.	4		3			
TOTAL DEP.	43		46			
TOTAL CLAIMS	47		49			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						